

# GENERAL CONFIDENTIALITY AGREEMENT

**I, the undersigned, reviewed and understand the following statements:**

- \* All state employees' protected health information (PHI) is considered confidential and should not be used for purposes other than its intended use.
- \* I have an ethical and legal obligation to protect PHI used or obtained in the course of performing duties and understand that all policies on confidentiality apply equally to data stored on the computer and on paper records as well as information discussed.
- \* Authorization to disclose PHI is made only by owners of the PHI and only on a need to know basis.
- \* Unauthorized use of, or access to, PHI may result in discipline up to and including termination. Violation or breach of confidentiality, with regards to PHI, may also create civil or criminal liability.

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**I the undersigned, further understand and agree that the consequences of a violation of the above statements may result in disciplinary action up to and including termination, loss of privileges, or termination of the relationship.**

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Signature

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Date

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Print Name

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SSN

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Manager's Signature

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Date:

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Agency

## Monitoring Access to Protected Health Information

\* PHI will be monitored for appropriate use or inappropriate access. Confidentiality violations will be reported immediately to the appropriate manager, Principal or Superintendent. All staff and employees are responsible for immediately reporting any apparent violations of this confidentiality policy to their Managers for action.

**Please retain for your records**